

# 2015 MONTANA YOUTH RANGE CAMP



Sponsored by the  
Department of Natural Resources and Conservation  
<http://dnrc.mt.gov/cardd/camps/rangecamp/default.asp>

**\*\*Campers will need to bring their own cots or sleeping pads this year.\*\***

## Camp Rules and Application Form

These rules are intended to assist in providing for the health, safety, and social well being of everyone attending the Montana Youth Range Camp. If a situation or question arises that is not clearly covered by this list, ask the Camp Director before acting.

- Lighters, fireworks, firearms, or any type of weapons are not permitted. Inappropriate use of pocket knives (or other similar tools) will result in the item being held in the possession of the Camp Director for the remainder of camp.
- Illegal drugs, tobacco, and intoxicants of any kind are not permitted. Prescription drugs must be reported prior to start of camp. See Health Form for details.
- I-pods, mp3 players or other similar electronic devices are not to be used during scheduled activities.
- Cell phone use (including texting) is not permitted during scheduled activities at camp.
- Fighting or any type of physical altercation will not be tolerated.
- If it is necessary to drive your personal vehicle to camp, it must remain parked until your departure.
- Respect the camp facilities and natural surroundings - do not deface or destroy them in any way. Parents/Guardians will be held liable for payment on damaged or lost items.
- Respect the privacy of others. Boys are NOT permitted in girls' cabins. Girls are NOT permitted in boys' cabins. NO EXCEPTIONS!
- Attendance at instructional sessions and scheduled activities is mandatory - be prompt. Unsatisfactory attendance or behavior at instructional sessions and activities will not be tolerated.
- Violation of any of these rules is grounds for dismissal and forfeiture of camp fees. Parents and/or guardians will be promptly notified. Any individual so dismissed must call a parent or guardian and arrange transportation home. **COMMON SENSE AND COURTESY PREVAIL.**

## Code of Conduct Agreement

I understand the rules for participation in the Montana Youth Range Camp and understand that I may be expelled from the camp for violating this agreement. I also understand that if I break the camp rules I will not be allowed to return to future Montana Youth Range Camps.

*Student's Signature*

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**APPLICATION DEADLINE July 3, 2015**

**\*\*The agency reserves the right to expel any child who becomes disruptive to the program, staff or other children attending the camp.\*\***

## MONTANA YOUTH RANGE CAMP

The Montana Youth Range Camp is a five-day program for youth ages 12-18. The camp provides an excellent opportunity for youth of varying backgrounds from throughout Montana to become more aware of the value and potential of Montana's largest resource - rangeland. A well-organized, balanced and educational range program is provided by bringing together knowledgeable range personnel and interested participants in a field workshop environment. Evening programs and activities allow campers the opportunity to develop lasting friendships.

### CONTESTS AND AWARDS

- Top Hand Award - Awarded to the camper in the upper age range with the highest total score on individual quizzes.
- Green Hand Award - Awarded to the camper in the lower age range with the highest total score on individual quizzes.
- Top Team Award - Awarded to the team with the highest composite score for group presentation of Ranch Problem.
- Ribbons - Awarded for first through fourth places in all categories.

### THE PROGRAM

- Plant Identification/Anatomy: Learn about 25 of Montana's important range plants. Identify plants by vegetative class, lifespan, origin, season of growth and grazing response. Study basic plant anatomy.
- Range Inventory, Planning and Monitoring: Identify plants and plant communities in different rangeland environments. Learn to take photos of how plant communities change over time. Learn to identify indicators of healthy rangelands. Discover how livestock and wildlife interact with plants to keep rangelands healthy.
- Grazing Management, Wildlife and Livestock: Learn about the types of wildlife in Montana, the interaction between wildlife and domestic livestock, animal habitat, range health and grazing management options.
- Riparian/Water: You'll stay cool in water class, while learning about stream dynamics, and discovering aquatic insects. Also learn about watershed management and how it relates to the land.
- Geology/Soils: Learn about basic rocks and minerals, soil formation, how soils relate to rangeland, dig soil pits, determine soil texture and learn why soils are so important!
- Enjoy presentations around the campfire, lots of recreational activities, and a dance the last evening!

Range experience: Beginner ☐ Intermediate ☐ Advanced ☐

First-time MT Youth Range Camper ☐ Return Camper ☐

T-shirt size: Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐

The cost of the camp is \$175.00, which includes meals from Monday lunch through Friday lunch, lodging, T-shirt, study materials and all scheduled activities. **Please do not bring valuables or money to camp.** You will need to provide your own transportation to and from the camp. Check with your local conservation district regarding possible sponsorships. After we receive your registration, we will send you confirmation, a packing list and directions to the camp.

***APPLICATION DEADLINE July 3, 2015***

## Students Medical Coverage and Health Form

Student's Name \_\_\_\_\_ Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_

Policy Number \_\_\_\_\_

1. Does camper have any physical complaint or chronic illness at this time?

YES \_\_\_\_ NO \_\_\_\_ If so, explain.

2. Is camper under the care of a doctor for any reason?

YES \_\_\_\_ NO \_\_\_\_ If so, for what reason?

3. Are you taking medications of any type? YES \_\_\_\_ NO \_\_\_\_

If so, what medicine, at what dosage, and at what time intervals?

Medication _____	Purpose _____	Dosage _____
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Medication _____	Purpose _____	Dosage _____
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Medication _____	Purpose _____	Dosage _____
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Medication _____	Purpose _____	Dosage _____
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Medication _____	Purpose _____	Dosage _____
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***Camp nurse will hold and dispense medication following Doctors', parents' or guardians' written instructions.***

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

4. Does camper have or had?

YES \_\_\_\_ NO \_\_\_\_ Diabetes (please include directions for simple diabetes related care)

YES \_\_\_\_ NO \_\_\_\_ Tetanus Shot (if not, it is recommended that you do so prior to camp.)

YES \_\_\_\_ NO \_\_\_\_ Asthma

YES \_\_\_\_ NO \_\_\_\_ \* Allergies (medical, drug, food, insect, other)

Please specify allergen \_\_\_\_\_

Type of reaction \_\_\_\_\_

***\*Medication to counteract allergic reactions must be provided by the student's parents or guardian.***

5. Does camper have any diseases that are communicable through the types of incidental contact?

YES \_\_\_\_ NO \_\_\_\_ If so, what? \_\_\_\_\_

6. Does camper have any medical problems or special needs of which we should be aware?

YES \_\_\_\_ NO \_\_\_\_ If so, what? \_\_\_\_\_

7. Does camper wear Medic Alert Tags?

YES \_\_\_\_ NO \_\_\_\_ If so, give the reason or medical condition. \_\_\_\_\_

8. Does camper have any special dietary needs?

YES \_\_\_\_ NO \_\_\_\_ If yes, please describe: \_\_\_\_\_

At least three emergency contact information numbers must be documented for each child attending the camp. All emergency contact persons must be certified as authorized by the parent or legal guardian to pick up the child should an emergency arise or if the child needs to be expelled from camp due to medical or disruptive behavior problems.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am of the opinion that the above named student can safely participate in this event and that she/ he has no contagious or communicable disease. His or her health is: poor \_\_\_\_ fair \_\_\_\_ good \_\_\_\_

I understand that I will be responsible for payment to replace or repair any equipment belonging to the camp facility or to Montana Youth Range Camp that is lost or damaged while in campers use.

I grant camp staff permission to dispense over-the-counter pain relief drugs, such as Tylenol, Advil, ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. in accordance with label instructions. If your child regularly takes any of these please have them bring their own. If there is anything you do not want your child to take please specify: \_\_\_\_\_

I hereby give my consent for the above named individual to attend this event. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery).

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***APPLICATION DEADLINE July 3, 2015***

### **Authorization of Parent or Guardian**

I, \_\_\_\_\_ being the parent (legal guardian) of \_\_\_\_\_, certify that he/she is \_\_\_\_\_ years of age, grant permission for him/her to participate in the Montana Youth Range Camp, and will not hold sponsoring organizations or their representatives and camp facility owners or their employees responsible in case of accident.

I acknowledge that camp activities, including instruction, entail known and inherent risks, as well as unknown/unanticipated risks which could result in serious physical or emotional injury, paralysis, death, or damage to my son or daughter, third parties and my son or daughter's own or other's property. I understand such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in these activities. The campers participation in these activities is purely voluntary and they elect to participate, in spite of the all risks. I release the Montana Youth Range Camp and the State of Montana from any and all liability for any injury or damages suffered by my son or daughter during his or her experience in the absence of gross negligence of the Montana Youth Range Camp.

I understand I am financially responsible for any medical treatment and/or emergency evacuation resulting from participation in any of these activities. By signing this document, I acknowledge that if anyone is hurt or property is damaged during participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Montana Youth Range Camp on the basis of any claim from which I have released them herein.

I understand the camp rules and that a camper will be sent home for violation of the rules. I agree to be available to pick up my son or daughter at the camp should he or she have to leave the camp for disciplinary reasons. I also understand that if I am unavailable to pick up my child because of medical or disciplinary problems and/or if my son or daughter breaks camp rules he or she will not be allowed back to future Montana Youth Range Camps.

I understand that the Montana Youth Range Camp reserves the right to reconsider enrollment of a camper or send a camper home should issues require support beyond the capabilities of the staff.

I understand that I am not entitled to a refund in whole or part of camp fees should my son or daughter be expelled from camp.

Montana Youth Range Camp is not responsible for lost or stolen items. Please leave valuables at home.

I hereby grant the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet to the Montana Youth Range Camp and to its employees, agents, assigns, and sponsors.

**I have had sufficient opportunity to read this portion of the document. I have read and understand it and agree to be bound by its terms.**

**\*\*Campers will need to bring their own cots or sleeping pads this year.\*\***

Signature of Parent/Guardian \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to be put in contact with other parents to carpool? YES \_\_\_\_\_ NO \_\_\_\_\_

***Send your registration form and  
\$175.00 to:***

Rosebud Conservation District  
Attn: Bobbi Vannattan  
PO Box 1200  
Forsyth MT 594327

(406) 346-7333 x101

\*Please make checks payable to Rosebud  
Conservation District

For questions, please contact:

Laurie Zeller

Bureau Chief

Conservation Districts Bureau

Department of Natural Resources and Conservation

(406) 444-6669 or email: [lzeller@mt.gov](mailto:lzeller@mt.gov)

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